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21069 7590 11/19/2004

AMGEN INC.
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02/18/2005 MBERHE1 00000010 09613591

01 FC:1501 1400.00 DA
 02 FC:8001 30.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/613,591	07/10/2000	William J. Boyle	A-378CIPS	9711

TITLE OF INVENTION: COMBINATION THERAPY FOR CONDITIONS LEADING TO BONE LOSS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$0	\$1370	02/22/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
DEBERRY, REGINA M	1647	514-012000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)	<u>1 Timothy J. Gaul</u> <u>2 Ron K. Levy</u> <u>3 Stuart L. Watt</u>

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

AMGEN INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Thousand Oaks, CAPlease check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Authorized Signature Timothy J. GaulDate 2/15/05Typed or printed name Timothy J. GaulRegistration No. 33,111

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